

4041

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Graham</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>216</u>	
District of <u>Graham</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>170</u>	
Town of _____		Local Registrar No. <u>170</u>	
or _____			
City of _____	No. _____	St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Peterson</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>7</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>8/30</u>	(Month, day, year)
8. FATHER		14. MOTHER	
Full name <u>Peter Peterson</u>		Full maiden name <u>Alice Nelson</u>	
9. Residence (Usual place of abode) <u>Graham</u>		15. Residence (Usual place of abode) <u>Graham</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>31</u> (Years)		17. Age at last birthday <u>34</u> (Years)	
12. Birthplace (city or place) <u>Ariz</u>		18. Birthplace (city or place) <u>Idaho</u>	
(State or country)		(State or country)	
13. Occupation <u>Farmer</u>		19. Occupation <u>Housewife</u>	
Nature of Industry		Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>7</u> (b) Born alive but now dead _____ (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8 a.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>W. E. Platt</u>	
		(Physician or midwife)	
In name added from supplemental report _____		Address <u>Graham, Ariz.</u>	
(Month, day, year)			
<u>475-829-155</u>		Filed <u>9-5-</u> 19 <u>22</u> <u>Wm. J. Burns</u>	
Registrar.		County Registrar.	